DIET 2

MRCP PACES

2023

All Centre Cases Compile

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[COMPANY NAME]

MRCP PACES DIET 2/2023 CASE COMPILE

KAIRO/
EGYPT CENTRE:

Case 1:

St 1
SOB clubbing lung fibrosis
Abd hepatosplenomegaly

St 2
history 35 back pain osteoporosis due to coeliac

St 3
MVR
mild motor neuropathy no sensory

St 4
Young pt came e fatigue anaemia Serum Potassium 5.6, creatinine 600, USG small kidneys
Task: Explain us finding and management plan

St 5
1 / proximal myopathy : Inside systemic sclerosis
2/Fit: inside hypocalcaemia e other deficiency???

Case 2:

ST 1:
CLD
Case of lobectomy with COPD

ST 2:
(Addison, DM1 + dizzy spells)

ST 3 :
DVR
Stroke

ST 4: 45 Yr old, Mr. X, 15Yrs of Diabetic, retinopathy, neuropathy, nephropathy. Recently suffered from acquired MI, His recent medication is Bisoprolol, Gliclazid, recently he suffered from multiple attacks of hypoglycemia, endocrinologist diagnosed her a case of hypoglycemic UNAWARENESS.
Task: Talk with the patient and council about management plan.
(council against tight glycemic control)

St5
BCC1: Bechet- presented with leg ulcer
BCC 2: chest pain(carrier, heart burn, cardiac RF

Case 3

Station 1
Chest COPD
Abdomen Hepatomegaly

Station 2
History Postpartum hyperthyroidism

Station 3
Cardio VSD
Neuro Cauda Equina Syndrome

Station 4
Convincing husband about NGT insertion for his wife after losing capacity due to stroke.
(Wife had stroke which left her aphasic+dysphagia
NG tube was inserted, medical team believed she has chance of improvement
Husband is a nurse, wants to pull the tube and take her home to end her suffering)
How to handle the case?

Station 5
Acromegaly
Fibromyalgia

Case 4

St 1

Chest COPD

Abdomen: fistula, Hepatomegaly, splenectomy, pallor

St 2

Palpitations: Dx Post partum thyroiditis

St 3

VSD/PS

Cauda equina

St 4

Stroke with good prognosis with NG tube, relative need to remove it

Station 5

BCC 1: Acromegaly with tingling sensation in the foot and hand

BCC 2 : Fibromyalgia

Case 5

ST 3

CNS : Myopathy

ST 2:

AKI Pt is on omeprazole for last 2 months, no any another positive

ST 1:

Chest: lung fibrosis

Abdomen: Hepatosplenomegaly

Stat 5 :

BCC1: bullous disease

BCC2: Systemic sclerosis with pulmonary hypertension and lung fibrosis.

Case 6

St 1:

ILD secondary to RA,

splenomegaly in young, no stigmata of Cld,

St2: *Known case of RA on methotrexate, biological therapy e breathing difficulty n productive cough for 3 days*

St 3:

cardio: Avr

Neuro: complex ophthalmoplegia, nystagmus, FA/ms???(messed it badly)

St4: *oesophageal perforation*

St 5:

bcc1: young male with loose motions, graves

Bcc2: h/o confusion inside insulinoma

CASE 7

ST 1:

Fibrosis + COPD

CLD

ST 3:

Peripheral sensory motor neuropathy

AR (peripheral signs only couldn't hear any murmur)

St4(IBS)

ST5 was horrible actually it was my last station so I lost my energy and do bad

BCC1: panhypopituitarism (previous pituitary surgery with all hormonal deficient hypoadrenalism, hypothyroidism, amenorrhea, DI) I examined thyroid , vision, pulse , BP sitting standing , buccal mucosa for any hyperpigmentation but there was nothing) forget to do ankle reflex & ask for fundoscopy or visual felid

BCC2: SLE + antiphospholipid on dialysis(I missed to check for AV fistula) has ecchymosis & taking warfarin, steroid & PPI came **with SOB & chest pain since 2 weeks.** D/D PE & pleurisy said also need to check INR as patient has ecchymosis.

Case 8:
ST 5
BCC1: Weakness - migraine
BCC2: Thyrotoxicosis with AF
ST 1
clubbing with wheeze Sob
Hepatosplenomegaly
ST 3:
Valvotomy - MS???
NEURO MS
ST 4: Infective endocarditis wants to discharge.

Case 9:
ST 5:
BCC1: Male present with Sob
Inside male graves with eye symptoms AF.
BCC2: Second 45 female Rt upper limb numbness
Inside migraine with ocp
Station 1:
Respiratory old man under wt clubbing
Decease movement wheeze
COPD with cancer or bronchiectasis
Abdomen: hepatosplenomegaly with
Pallor, no sign of CLD. Diss about Infections
ST3:
Cardio left lateral thoracotomy scar
Valvotomy with AF
Neuro: UMNL asymmetrical MS
ST2:
History palpitation dizziness post covid with exertion family history of cardiac disease
ST 4:
infective endocarditis wants to be discharge
-Prophylaxis in infective endocarditis
-Pt asking for discharge before complete his anti biotics course bcs he can't sleep noisy and smoking issue discussion about smoking cessation and alternative nicotine patches and gum

Case 10
ST 1:
Pneumonectomy
Hepatomegaly
ST 2:
palpitation in young male has family history of cardiac disease
ST 3:
MVR
ST 4:
Medical error forgotten dose in a known epileptic patient leading to fits
ST 5:
BCC1: Hypothyroidism due to iodine ttt
BCC2: Recurrent fever + travel history

Case 11:
St1
Hepatosplenomegaly, scar at axilla, with small spleen
Chest: COPD
ST 3:
CVS : AS with vs mixed AS with MR
CNS: Spastic paraparesis with scar ---Cervical myelopathy

St 2
Asthma, exacerbation
Job issue : new job as Painter
Smoker

St4
Diarrhoea for 6months colonoscopy done diagnosed Crohn's disease, Counselling about steroid and issue of angry pt due to delay of diagnosis
St 5
BCC1: Psoriatic arthropathy
BCC2: Sheehan's syndrome

CASE 12:
St2
37 years old male k/c of BA since child hood and has hay fever symptom deteriorated over last 3 month work in factory as painters.... Last 3month symptom get worse. take steroid not complaint...Occupational asthma
St4
Crohn disease diagnose after 6month.. explain R x and explain disease
St5
BCC1: Psoriatic arthropathy
BCC2: Sheehan's syndrome
St1:
old pt with bilateral fibrosis
Abd hepatosplenomegaly with pallor
St3
myeloradiculopathy
As
Unknown:
Pr brought his wife to ER with vomiting and Diarrhe and dehydration start treatment and he said they call dr and he didnt come to see my wife for 4 hours in Er . She is arrested resusitated and died…
Task coroner post mortum
And uncertinity about issue of waiting 4hours in er

Pakistan
Case 1
ST 3:
Respiratory; female with COPD,? RA (obstructive bronchiolitis obliterans)
Abdomen ; thalassemia HSM
ST2:
Hx ; young patient , right side chest pain with food and at night , recent uncontrolled BP, FH of heart disease
ST 3:
CVS ; MVR with PHT, there is TR but I missed it
Neuro:?stroke
ST4:
Nurse, suicidal attempt, Oral anti- hypoglycaemic agent
ST 5
BCC1: pheochromocytoma
BCC2: ?CML

Case: 2
ST 1
Chest lateral thoracotomy scar with plural effusions and drain scars
Abdomen. No finding except jaundice
ST 3:
Neuro vague signs in young man
1 side LMN and other side UMN signs with no sensory or cerebellar
So gave ddx of mixed lesion

St2 :*40 years old male with Right sided chest pain ....6 weeks*
Off and on , 4 to 5 times a day burning in character and relieving with rest
BP 159/90, Fx sudden death of brother at age of 40
Job heavy manual work
Ddx I gav ACS angina , Hocm
St5
Bcc1 haematemesis and Malena
1 episode 2 to 4 tea spoons, Fresh blood
Dx said once in month
Patient was citric, palmer erythematosus.
So ddx I gave variceal bleeding
NSAID induced.

Bcc2
DM1 with dizziness
Inside pt gav hx of Dizzy when standing from sitting
Pt had pneumonia 10 days back n then this dizziness started
Ox surgery. Some kidney tumour which was secreting some hormone
Dx insulin
Patient having pigmentation all over and inside mouth.
Gav ddx of addison
St4 :
nurse took gliclazide
Concerns will u breach confidentiality?

Case 3
ST5:
Bcc1: dysphagia , D/d: stricture, malignancy
Bcc2 : known case of asthma since 10 years worsening for last one year
Likely underlying cause wegners and chrug
St 1
Respiratory: scar patient but small scars not like the actual lateral scar
Likely lobectomy collapse effusion
Abdomen : transplant
ST 2:
History wt loss : Addison's
Known case of DM
ST 3:
Neuro : pure motor LMN type
Cardio : As plus AR
ST4:
Medical error procedure was done on other patient

Case 4
Station 1
-RA with ILD
- Splenomegaly
Station 2
-RA history with SOB for 3 days
Station 3-
- CABG + AVR
- oscillating nystagmus
Station 4
Post EGD dilatation leads to perforation in achalasia, which was small pt is concious
Counsel son regarding what has happened and convince not to take patient home
Bcc 1 loose stools: hyperthyroidism
Bcc 2 confusion, collapse , cause (cardiac arrhythmia)

Case 5

Station 1: Resp: Mild clubbing, B/L basal coarse crepitation's changed on coughing D/D Bronchiectasis, B/L pneumonia.
Abdomen: B/L renal mass D/D APCKD, B/L hydronephrosis , Renal CA

Station 2: 29 male K/O Asthma 10 years . Now from 3 months had wheez, cough and SOB , *Job changed 3 months back . D/D Occupational asthma, GERD

Station 3: CVS: pansystolic murmur radiating to axilla D/D : MR , TR and VSD .
Neuro : LL exam. Pt power was decreased in left leg distally. Reflexes absent .
Sensation reduced in Right leg & Left leg
?heel shin abnormal .
D/D : , Stroke (PICA). CIDP , difficult Case 😋 .

***Station: 4** : Known case of epilepsy. Well controlled from last 10 year*
PALs . Taking levetiracetam. Yesterday admitted for arthroplasty. He was asked to b NPO from 6 am morning by the pre Assessment team . He missed the dose Levetiracetam . Had seizure in the evening. Pharmacist told him that he should not missed the dose. Now he is informed by the medical team to inform the DVLA and he needs to stop the driving for 1 years .
Concerns:
***1** , Who is responsible for my missed dose .*
2 : I drive daily for my work , I cannot stop driving.
3 : Is there any compensation becoz I would not drive for 1 year.

Station:5 , BCC1, Young male feeling fatigue on exertion .
On Hx he said having left arm pain**. ESR raised .(It was a clue but I missed)** 😵
D/D Vasculitis - Takayasu arthritis. Aortic valve disease .it was a difficult case . I could not diagnose Takayasu. I said Aortic valve disease 😔 .
BCC-2: 55 yrs old male having progressive abdominal distension.
On Hx : Hx of HBV 5 YEARS.
Hx of pulmonary T.B
Pt had abd pain so asked the examiner for examination. He stopped. I Offer for Liver , slpeen , shifting dullness and DRE .
D/D : HBV related DCLD, HCC, Abd T.B, Viva was on DCLD

Case 6

St1.
Rt lateral thoracotomy scar…
Hepatomegaly,
St 2 palpitations with family Hx
St 3.
Mitral stenosis
spastic paraparesis with no sensory level
St 4
*Pt had pharyngeal pouch on endoscopy and had barium swallow 2 wks back that had pharyngeal pouch that was **missed** so explanation of diagnosis and need for further inv plus med error*
St 5
BCC1: psoriatic arthritis on methotrexate having SOB fatigue and cough,
St 5
BCC 2: Young man with haematuria and epistaxis gave DDs GW, GBM and vasculitis

Case 7

St 1

- pneumonectomy.
- Polycystic kidney disease

St 2 Pots Syndrome
St 3 : spastic paraplegia with lost dorsal column

- VSD

***St 4** ulcerative colitis management and diagnosis*
St 5
BCC1: Wegner's granulomatosis .
BCC 2 : Hepatic encephalopathy

Case 8:

bronechtatsis
polycystic kidney
station 2 occupational asthma
station 3
mr
lateral medulary styndrome
station 4
medical error
station 5
takayasu
cld / hcc

Dubai:
Case 1:
St3
CVS: Mixed lesion Ms & AR
Neuro: Ptosis with fixed dilated 3rd nerve palcy

St4
?? mom admitted With UTI, previously was on Parkinson 3 years ago now came with disability..
ST5:
Bcc1
65 years male with wife on train station and rush and lost consciousness Onex Aortic stenosis
Bcc2 young male facial rash 6 month hx early morning joint pain and stiffness with active synovitis
Treated case of TB list of drugs, And having list of medications ….dx SLE
St1 :
lateral thoracotomy scar with pleural effusion drain scars as well.
Hepatomegaly with massive splenomegaly
Stria over abdomen and ascites

St2 26 years old
DM1 with hypoglycaemia episodes
Well educated and learned about insulin
Ddx
Diabetic autonomic neuropathy
Addison
APS2

CASE 2:
ST 1:
Chest Bronchiectasis
Abdominal jaundice hepatosplenomegaly
ST 3: Neuro Ms or Frederick
St 4 pacemaker
St 2 joint pain (gout may be)
ST5:
BCC1: Addison,
BCC2. Hypocalcemia due to thyroid surgery

CASE: 3

Station 4

Suicidal attempt with Paracetamol presented 12 hours after incident … Acetylcystein ongoing but cannula removed by pt and reluctant to continue treatment

Station 5:

BCC1 Hypercalcemia

Was on HCT+ VITD

BCC2 Psoriasis with joints pain & stiffness

Station 3:

Neuro

Weakness proximal more than Distal

Bilateral Pescavis/hammertoes /Hypotonia /reflexes present with Normal sensations

Hct?

Hydrocholothiazide

I made it CIDP

Even abductors were more weak then adductors

Respo

I made it COPD with Cor Pulmonale -JVP/Edema

Station 1:

Cardio

MR/MS/AF

Abdomen

I picked APKD

But I did exposed pt chest and there was cath for dialysis

Station 2:

PMR with Anemia/Raised ESR/muscles aches

CASE: 4

St 1:

• ILD (dd, management in clinic, tests, specific tests)

• Massive splenomegaly (however i made it CLD)- causes of CLD esp nonviral, what tests, causes of massive splenomegaly, Rx

St 2:

• History - Vasovagal syncope - workup, dd, counselling - i missed to address driving rest was fine

St 3:

• polyneuropathy- asymmetrical signs pt also confused about reporting findings- could be spinal cord lesion

• metallic AVR + CABG

St 4:

30 yo male, smoker about to get married in 2 months, has been dx as bronchjal asthma firefighter

doesnt wanna change job doest wanna let employer know or his fiances, fussy pt

St 5:

• loose motions, young male -IBD

• middle aged man, hand swelling and pain - RA (caveat: his prox myopathic feature is due to shoulder pain, not myopathy!)

Case 4

Station 1

Liver transplant

Lobectomy

Station 2 : Prolactinoma

Station3

MR with TR

MND/stroke?

Station 4

Prescription error! Angry daughter

Station 5

BCC1: Peptic stricture

BCC2: scleroderma

CASE 5:Dubai:. In

station 4: out side explain the complication of procedure..and scenario says. Patient east having heart block and dizziness and collapses and pace maker was inserted 2 days ago and now ventricular pace leads are not working and cardiologist said she need again ventricular lead positioning so explain the things and ask her to stay back at hospital..
1,,, why they didn't tel yesterday about the leads and now I want to go ..
I have marriage at home
Try to say its ur health and we r worried about ur condition again u can develop collapse if u go with out correction
2) I will complain that cardiologist
Say we r team
3) ask about consent and was she informed about complications and all she says they forced me and not explained anything just he told me to sign and I signed..so apologize and I was not there when the consent was taken situation ..if ur not informed iam gng to file an incident report and investigate it..it shud not happen to any one
4) she says any guarantee for procedure

No guarantee even 2 and time ..but will try best
5) I don't want the cardiologist who operated ..
6) I will go dama
Tel that ur health is our first thing we r worried about u and benefit of staying back and undergoing second procedure is more important than marriage and we highly advise u to stay rather than leaving..will giv brochures and leaflets and take time and think and no forceful
Examiners: is it error or no
If procedure was explained and clearly understood then no error. ..if not given explanation and forcefully done consent its error
Will involve risk management team and will work as guide for future and
Main ethical ..consent for procedure or deny the treatment
Examiners want to know informed consent is there here or no..

Station 2: gouty attacks and nsaids some times and chronic ischemic heart disease and also on aspirin and betablockrrs and statins and ibd ulcerative colitis azathioprine..
In spite of recurrent attacks don't allow allopurinol becoz of interaction with azathioprine
..which is good for acute flare: if no kidney problem or no mi try colchicine if not try intra articular steroids
and try other and talk to rheumatologist and about aspirin to cardiologist
Examiners asked: when u refer to rheumatology in case of gouty arthritis
Station 5 .. Addison's and recurrent abdominal pain and nausea and collapse
St5) thyroidectomy hypo parathyroidism And recurrrnt tingling and numbness around the mouth

Case 7
Diet 2 Thiruvananthapuram

Case 1:

BCC1- Heditary Angioedema
BCC2- Neurofibromatosis
Abdo - ADPKD on HD
Respi- Bronchietasis
CVS- VSD
CNS- Surgical 3 rd N palsy
Com- IBS and Amitriptylline
History-RA pt worsening of SOB currently on Methotrexate and Anti- TNF
Station-2 Dizziness & palpitation 2 weeks , just differential
Station 4 - hypoglycemia unawareness issue

Case 2:
Resp : Bronchiectasis
Abd: ADPKD with nephrectomy scar
cardio: MVR
Neuro: Motor Neuropathy

St-2 : Post covid syndrome
st-4 : Hypoglycemic awareness
st-5 :
1. Myotonic dystrophy
2. TTH (dummy)

Case 3 :

Resp : COPD + Bronchiectasis
Abd: Jaundice, Liver
Heart : MR
Neuro: CMTD/ CIDP
St 2: Chest pain (HOCM/Vaso Spastic)
St 4: suicidal attempt(not psychiatric, impulsive)
St 5:
1. Psoriatic arthropathy
2. IBS (dummy)

Case 4

Station 1
Bronchiectasis/ild
Clubbing/chest crepitation
Abdomen
Jaundice with hepatomegaly/evident
splenomegaly
Bcc
Young lady with left side weakness ..
Head ache /tuberous sclerosis
Cvs
Aortic valve replacement with CABG
Communication
Mitral valve replacement pt had IE need to start antibiotics not willing to stay in hospital…talk and concern
Cns case still i am not sure i did not get time to complete
History /post partum thyroiditis

Case 5:

Station 1
Resp: Bilateral basal crepitation
No peripheral signs
Calibrated as pulmonary fibrosis -Likely idiopathic pulmonary fibrosis open to other differential
Abd:
Small joint deformities with prominent ulnar deviation on the right
AV fistula on arm, marked tremors, no scars.
Endstage renal disease probably secondary to RA on HD.
Station 2
50 year old lady presenting with Malaise.
Blood shows eosinophilia 4.0(0.04-0.4)
eGFr:48, creatinine 128
I think bp was normal
Urinalysis: protein++, leucocyte++, rbc+
Take history and address concerns
Station 3
Cardio
Mechanical aortic and mitral valve
Nil complications

Neuro:
Upperlimb examination.
Left UL weakness (pyramidal weakness)
Reduction in all sensory modalities
Marked left UL ataxia

Station 4

52 year old known epileptic admitted after prolong seizure -3min
Previously well controlled on Levetiracetam, no seizure in 10 years.
Had artheroscopy the previous day, told to keep nil by mouth, she omitted morning dose of levetiracetam but used evening dose after procedure. Discharged home
Had seizure at about 1 am and brought to ED. ED doctors have informed her she has to inform DVLA of seizure and she could lose her license for up to 1 year. The ward pharmacist has informed her she was not meant to omit seizure medication. She is very angry she was not given clear instructions and she might lose her license as a result.
Candidates are to speak with her and address her concerns.

Station 5
BCC 1
58 year old lady presenting with dysphagia
Obs: BP 190/110 others within range
It was CREST syndrome
Has calcinosis, Reynolds, sclerodactyl, perioral puckering and florid telegiectasia. Chest was clear.
BCC 2
Was a 40 year old with syncope.
Was a simulator I didn't bother to examine her

Case 6:
St1
Hepatosplenomegaly
COPD with bronchiectasis
St2
30 yrs lady palpitation
Dd: HOCM, Sertraline induced LQTS, Tea/coffe
St3
AS with heart failure
Stroke
St4
U.colitis BBN and Mx consultation
St5
Idiopathic parkinson disease
Renal stone due to hypercalcemia

Malaysia:

Case 1:
Hx
SOB weight loss and reduce effort tolerance, 60 years old man - lung Ca
Cardio prosthetic valve replacement
Neuro stem difficult to walk and examine - sensory and cerebellar ataxia (apparently pt has some Vit B deficiency ? Wernicke)
Ethics
??Advanced directive planning discussion (DNAR)
BCC 1
29 years old lady Intermittent weakness 3/12,
U/L hypothyroidism post thyroidectomy
- hypoK periodic paralysis
BCC 2
39 years old lady with painful fingers for 4/12.
- Raynauds with Systemic sclerosis

Respi
Right upper mid lobe collapse with tracheal deviation, reduce right chest expansion
Abdo
Hepatosplenomegaly with jaundice

BENGALURU CASE DIET2

CASE 1: 1st carrousel, 23/6
St-1
CLD
ILD
ST-2
multiple collapse
St-3
Stroke
MR
St-4
Infective endocarditis, wanting DAMA
St-5
Recurrent abdominal pain with alchol,pain radiates to back
Weight gait,menstrual abnormality,HTN

CASE 2 :
D1 R1
S4 Failed Endoscopy in Dx Pharyngeal pouch
Explain condition and further Mx
S5
BCC1 Chest pain in SLE
BCC2 IR Mens Hypothy
S1
Resp Cough-ILD Br'ectasis? ,Consolidation
Abd AVF
S2 SOB in Kn RA(recently Adalimumab)
Cgh S.t phlegm
DDx-Adalimumab induced Chest Inf,Card pb,. ...
S3
CVS MVR
CNS Rt sided Hemiplegic and Hemisen loss(Lt CVA)

Case 3:
Resp : ILD
Abdo: Renal transplant+ right hypochondrium scar, I told about liver transplant and resection of hepatic tumour/cyst, might be a case of ADPKD
Cardio : AF, everyone confused about whether MS or not
Neuro : Spastic paraplegia
St2 : young female+altered bowel habit+GP gave mebevarine but no improvement+Stress in life, no other positive history, gave dd of IBS/IBD
St 4: patient with stroke with hemiparesis, received 3 months physio, arm weakness improved, still cant mobilize, decision of discharge by MDT with full package of care. Explain new functional baseline

BCC1 : left sided weakness in a middle age male with a background of MS
BCC2 : young male with isolated vomiting of blood

Case 4:
St 3. MVR and

Young lady with unilateral umnl with lmnl in lowerlimbs with spastic left lower limb with pescavus and claw toes, and positive babinski sign, power reduced in umnl pattern, sensation and wasting present, gait I couldnt appreciate, (they asked differentials for multiple sclerossi, stroke)
St 4: dementia pt 92yrs of age, talk to daughter, pt presented with chest infection, on admission she was found to have skin cancer, ***diagnosed as advanced skin cancer and dermatologist and the trating consultant decided, pt not a good candidate for surgery due to need for general anaesthesia also other treatment options were considered but then decided that they were not appropriate for her, and needed to talk about palliative care with daughter. Pt was stressing on any other treatment and second opinion, I told for this we can plan another meeting for second opinion as well, to discuss any treatment option other than palliative care with consultation.***

St5. Bcc1:Cld with hepatomegaly and leukonykia, midline laparotomy scar with ascitic drain scars, (presetnation pt had swelling of abdomen, painless and history of taking too much alcohol, when I entered room there was no swelling but pt was an actually follow up case, and was concered if he has to continue the medication, also he told he had surgery for ulcers and hence had that midline laparotomy scar)

Bcc2: young male with malena and dizziness of one day origin, history of diclofenac intake since 2weeks for knee injury which he had while playing foot ball) o/e pt had epigastric tenderness also clubbing both in arms and legs and he was a smoker, examiner asked for causes of clubbing as well(but case was for lower gi bleed due to diclofenac)
St1: copd /ild im confused, I couldnt hear any crepitations (also there were diff opinions by other doctors-2 told copd n rest 2 ILd)

Right renal transplant with active av fistula, no scars for nephrectomy
St 2 polyuria with hypercalcemia, men2a
On history she was a young female, with symptoms of hypercalcemia but no other supporting feature of men 2b, but family history was postive.

Case 5:
Bengalore D3 , carousel 2:
St: COPD , CLD,
ST2 : Osteoporosis due to coeliac
St3: MR , Stroke
St4: IBS -prescribe amytriptyllin
St5: Pancreatitis , Collapse due to -PE

Case 6:
Bangalore case:
St1
ILd
Renal transplant wd fistula
St2
Hypercalcaemia
St 3
MVR
Neuro: very Wired
Leprosy/cidp (i wll tell u detail)
St 4 : cancer
Bbn,lPA
ad,next of kin /palliative care
St5
Hepato renal syndrome
St5 pud (nsaids induced)

CASE 7: Banglore india,
1. History
Palpitations
Sertraline, coffee intake, sudden death in family
Long qt –Hocm ---Coffee intake

2. Communication
Newly diagnosed ulcerative colitis
3. Bcc
A) Malena , tiredness
Ra in nsaid, steroids
B)AS with recent onset breathlessness on adalimumab
4. Abd
Post liver transplant
Resp
Copd/ asthma
5. Cvs
Isolated MR
Neuro
Left sided LMN (wasting, pes cavus, hypotonia, decreased reflexes,) plus UMN (left extensor)
Told dds for mixed umn plus lmn
Failed Endoscopy in Dx Pharyngeal pouch

HYDERABAD
CASE 1:
Hyderabad day 1
1st carousel
Bcc 1: varices
Bcc 2: 2 PUD rheu hand
Cardio: clubbing,left sternal area murmur, pt has av fistula
Neuro: Upper motor in lower limb
4: IE wants to go home
2: palpi post partum
Respi: Effusion
Abdomen: Renal transplant

CASE 2:
Glasgow Diet2 today.
Abd: Right iliac and lower midline scar with 2 masses palpable in iliac fossae.
Resp: ILD with deformed fingers
Cardio: Sternotomy scar with systolic murmur in Aortic area.
Neuro: Parkinsons.
History: 28/M with long lasting palpitations and one syncopal episode
Station 4: 91/F got skin cancer. Son has LPA. Mom has pneumonia and dementia. Son insists on surgery for skin ca.
Bcc1: young female with hemptysis after vomiting and alcohol intake
Bcc2: will update later.

CASE 3:
1. Resp - pulmonary fibrosis on Ltot
2. IBD + autoimmune ? Scleroderma
3. History - palpitations + tloc
HCM
4. Cardio - absent right radial pulse + prosthetic Aortic valve
I said coarctation + bicuspid AoV
5. Neuro - HSMN
6. Comm skills - dementia Pt
7. BCC1- Headache possible raised ICP
8. BCC2 - DM + TLOC
Not on any anti-diabetics

Case 4: NEWCASTLE
Recall of a colleague that had his paces today at Newcastle…

Cardio- bioprosthetic valve
Neuro- peripheral
Neuropathy
Abdomen:midline laparatomy no organomely. ? IBD
Cardio: aortic valve replacement bioprostetic
History: collapse at gym
Communication: speak to son about mum who has got an inoperable cancer
Station 5 A: addisson dx in acromegaly post pituitary surgery.
Station 5 B: intracranial hypertension

Case 7: LUTON UK
Luton uk, diet 2 cases
Kidney transplant
ILD
MS
Charchot Marie tooth
St2 MEN 2A
St4 explain mx of chrons to pt
St5 bcc1 pt with disturbances of vision for 3 days rest is negative on exam homonyms hemianopia I said stroke PCS or lesion in optic radiation
Bcc pt with dizziness and cough for 6 weeks
I am not sure about this one

Malaysia (Penang)
Case 1:
Taiping Hospital Day-2
Respi
ILD sec to possible SSc/MCTD
Abdomen
Failed renal transplant current RRT via right avf. But confusing scars, so many 😔
Hx taking
TIA
Cardio
Aortic valve replacement
Neuro
Motor sensory peripheral neuropathy
Comm skill
Breaking bad news to daughter about mother who likely hv colon ca with liver mets. Daughter is angry as she thinks that her family doctor has delayed the dx since her mom has been seeing him few sessions but still didnt manage to dx cancer. Concern can she bring back her mother home
BCC 1
Acromegaly. Stem was ptn c/o tiredness and headache.
BCC 2 : Lung fibrosis with right sided heart failure 2nd to likely RA/renal amyloidosis?. Stem was ptn c/o progressive sob + leg swelling 3 months. Spo2 93%. Crepitations bibasally. Pedal edema bilaterally. No obvious loud P2. Bilateral symmetrical deforming Poly arthropathy.

Case 2:
Station 5
BCC 1
Headache and fatigue
Acromegaly with OSA
Tinel sign positive
BCC 2
Uncontrolled HTN now with reduced effort tolerance
Crepts in lungs with B/L LL edema
Offered CCF

Also having dry cough
Noted recent added Perindopril
Offered ACE-I induced cough
Noted deformity over hands
Symmetrical
Ddx: Rheumatoid arthritis with ILD ?

Station 4

BBN : Speaking to daughter, mother diagnosed with cecal carcinoma with liver mets

Station 3

Neuro
B/L UL cerebellar signs
With bilateral sensorimotor neuropathy (glove pattern)
Distal weakness --Absent reflex--Normal tone
Offered : Alcohol
Nutritional deficiency
DM

CVS

AVR

Station 2

TIA

Station 1

Abdo
Renal abdomen
Tranplanted kidney
LIF scar j shaped with palpable mass below
Functioning fistula
Likely failed transplant
But another mass felt at suprapubic region
(?mass)
Horizontal scar along umbilicus
(Gave answer likely prev tenkoff catheter causing complications like peritonitis needing laparotomy)

Respi

ILD sec to scleroderma
Skin tightening over fingers with microstomia

STATION 4 COMMUNICATION CASE COMPILATION:

	COMMUNICATION	**Concerns**
01	*Known case of epilepsy. Well controlled from last 10 year* ***(ERROR)****I PALs . Taking levetiracetam. Yesterday admitted for arthroplasty. He was asked to b NPO from 6 am morning by the pre Assessment team. He missed the dose of Levetiracetam. Had a seizure in the evening. The pharmacist told him that he should not have missed the dose. Now he is informed by the medical team to inform the DVLA and he needs to stop driving for 1 years.* *(Pak, diet2)* 52 year old known epileptic admitted after prolong seizure -3min Previously well controlled on Levetiracetam, no seizure in 10 years. Had artheroscopy the previous day, told to keep nil by mouth, she omitted morning dose of levetiracetam but used evening dose after procedure. Discharged home Had seizure at about 1 am and brought to ED. ED doctors have informed her she has to inform DVLA of seizure and she could lose her license for up to 1 year. The ward pharmacist has informed her she was not meant to omit seizure medication. She is very angry she was not given clear instructions and she might lose her license as a result. Candidates are to speak with her and address her concerns.	***1.****Who is responsible for my missed dose?* *Explore, were u told about NPO without medication* *If nobody told, Medical error (IR,RCA,rapid response team,Nursing inch,PALS)* ***2.****I drive daily for my work, I cannot stop driving?* *Drives his own car or agensy* *We will connect with the Occupational health dept.* ***3.****Is there any compensation because I would not drive for 1 year?* *Social services/ Occupational health dept.*
02	*The patient had dysphagia, regurgitation and wt loss, for that gp gave trial of ppi and referred him for further investigation.A barium swallow was done 2 weeks back.It showed a* ***pharyngeal pouch*** *but was missed at that time. Today Endoscopy was done and the pharyngeal pouch was confirmed..* *Councill about next plan of management* *Or* *Pt had pharyngeal pouch on endoscopy and had barium swallow 2 wks back that had pharyngeal pouch that was* ***missed*** *so explanation of diagnosis and need for further inv plus med error* ***Pouch/sack upper part of food pipe due to weakness of the muscle***	**? Medical error** -Endoscopic stapling /repair:under **G/A+ Day procedure(12h)+ ENT surgeon** pouch is identified and small staples are used to close the area created by the pouch -after Sx no solid(only liquid) food upto 24h, no smoking for 2 weeks -Complications: bleeding , perforation, injury to teeth and lips, temp sore throat, low chance of carcinoma -Alternative Rx: Cutting operating through the neck, chances of more complication -What will happen if I don't do stapling? Dysphagia, malnutrition, wt loss What if im on blood thinner? Temporarily stop the meds
03	*Young pt came e fatigue anemia Serum Potassium 5.6, creatinine 600, USG B/L small kidneys* *Hypertensive* ***Task: Explain USG finding and management plan***	**Chronic kidney disease (CKD) is a long-term condition where the kidneys do not work as well as they should.** BBN---- Sign/Symptoms…. Complication • tiredness

		• swollen ankles, feet or hands • shortness of breath • feeling sick cause : DM, HTN , soreness of kidney , fluid filled sacs in the kidney, NSAID No cure of CKD • lifestyle changes to help you remain as healthy as possible • medicine to control associated problems such as high blood pressure and high cholesterol • dialysis – treatment to replicate some of the kidney's functions; this may be necessary in advanced CKD • kidney transplant – this may also be necessary in advanced CKD • Supplements : VT D, Ca Mx: **Treatment Option**: MDT HD,PD Transplant Social Hx: Safety Netting: Altered Consciousness, SOB, Chest Pain,
04	(Wife had stroke which left her aphasic+dysphagia NG tube was inserted, medical team believed she has chance of improvement Husband is a nurse, wants to pull the tube and take her home to end her suffering) Stroke with good prognosis with NG tube, relative need to remove it *Stroke with good prognosis with NG tube, relative need to remove it* Patient Info:	BBN – Check Understanding (Iea) Explain Aphasia, Dysphagia and loss capacity (It affected part of the brain through which we talk and swallow food) Importance of Nutrition: Explain NGT insertion. : Benefits Cons: nose bleed,gstomach bleeding,Displacement, Blockage, Injury, May go to wind pipe, Temporary Procedure, **4 to 6 weeks** **Urgent Care/ Safety Netting** -The specialist nurse will taught you how to use the tube. However if you develop 05any fever, any food particle blockage in the tube or blood comes through your nose, mouth, or any black stool, any SOB, Persisting vigorous coughing, **Informed Written consent** **Express any wish ??LPA, AD** **SALT team will assess her condition**
05	**Chron's Disease : Delayed Diagnosis** *Crohn disease diagnose after 6month.. explain R x and explain disease*	**Soreness** of the digestive system, as a result it becomes swollen , as a result there is loose motion, mixed with blood. **Clinical feature:**

	Diarrhoea for 6months colonoscopy done diagnosed Crohn's disease, Counselling about steroid and issue of angry pt due to delay of diagnosis	**Complication: Anaemia, Fatigue, arthritis, uveitis,** **Even chance of Ca colon** Mx Plan: 1. MDT 2. Diet: Dietitian, 5/6 small meal, plenty of water, keep a food dairy which food causes problem, supplement 3. Medication: ASA, Steroids; DMD: AZA 4. Surgery: When Medication can't control, serious complications, **Safety netting:** **6 or more times per day diarrhoea, Blood mixed stool, Severe abdominal pain** **Steroid related Issues** **Social History: Though smoking is protective to UC but we still advice the patient to stop smoking** **Pregnancy Issues** **pG should only planned when disease is under control, plus with consultation with women doctor.**
6	Newly diagnosed ulcerative colitis	
7	IBS + Amitriptyline	A diet low in fermentable carbs, called the **low FODMAP diet,** is often recommended to manage irritable bowel syndrome (IBS) People with IBS often report a reduced quality of life associated with severe digestive symptoms. These symptoms may affect social interactions and even work performance. Several studies indicate that a low FODMAP diet enhances overall quality of life by significantly reducing symptom severity. Some evidence suggests that by improving digestive symptoms, this diet may also reduce fatigue, depression, and stress while boosting happiness and vitality
8	Suicide + Gliclazide *nurse took gliclazide* ***Concerns will u breach confidentiality?***	
9	Suicide + paracetamol Suicidal attempt with Paracetamol presented 12 hours after incident … Acetylcystein ongoing but cannula removed by pt and reluctant to continue treatment	
10	Tight glycaemic control/ hypoglycemia unawareness issue	
11	Endoscopic oesophageal perforation while dilating achalasia	

	Post EGD dilatation leads to perforation in achalasia, which was small pt is concious *Counsel son regarding what has happened and convince not to take patient home*	
12	IE wants to go home Mitral valve replacement pt had IE need to start antibiotics not willing to stay in hospital…talk and concern infective endocarditis wants to be discharge -Prophylaxis in infective endocarditis -Pt asking for discharge before complete his anti biotics course bcs he can't sleep noisy and smoking issue discussion about smoking cessation and alternative nicotine patches and gum	DAMA-IE
13	Pacemaker reinsertion *station 4: out side explain the complication of procedure..and scenario says. Patient east having heart block and dizziness and collapses and pace maker was inserted 2 days ago and now ventricular pace leads are not working and cardiologist said she need again ventricular lead positioning so explain the things and ask her to stay back at hospital..* *1,,, why they didn't tel yesterday about the leads and now I want to go ..* *I have marriage at home* *Try to say its ur health and we r worried about ur condition again u can develop collapse if u go with out correction* *2) I will complain that cardiologist* *Say we r team* *3) ask about consent and was she informed about complications and all she says they forced me and not explained anything just he told me to sign and I signed..so apologize and I was not there when the consent was taken situation ..if ur not informed iam gng to file an incident report and investigate it..it shud not happen to any one* *4) she says any guarantee for procedure* *No guarantee even 2 and time ..but will try best* *5) I don't want the cardiologist who operated ..* *6) I will go dama* *Tel that ur health is our first thing we r worried about u and benefit of staying back and undergoing second procedure is more important than marriage and we highly advise u to stay rather*	

	than leaving..will giv brochures and leaflets and take time and think and no forceful *Examiners: is it error or no* *If procedure was explained and clearly understood then no error. ..if not given explanation and forcefully done consent its error* *Will involve risk management team and will work as guide for future and* *Main ethical ..consent for procedure or deny the treatment* *Examiners want to know informed consent is there here or no..*	
14	Bronchial asthma + Firefighter 30 yo male, smoker about to get married in 2 months, has been dx as bronchjal asthma firefighter doesnt wanna change job doest wanna let employer know or his fiances, fussy pt	**Increase responsive of the airways due to certain number of stimulus like dust, fumes, mould, weather.** **Health declaration form.**
15	St 4: patient with stroke with hemiparesis, received 3 months physio, arm weakness improved, still cant mobilize, decision of discharge by MDT with full package of care. Explain new functional baseline Stroke + New functional baseline- now explain & Discharge	**Explain the new functional base line & prognosis** **Explain the plan of Dc,**
16	91yrs Female, got skin cancer. **Son has LPA**. Mom has pneumonia and **dementia.** Son insists on surgery for skin carcinoma OR speak to son about mum who has got an inoperable cancer OR St 4: dementia pt 92yrs of age, talk to daughter, pt presented with chest infection, on admission she was found to have skin cancer, ***diagnosed as advanced skin cancer and dermatologist and the trating consultant decided, pt not a good candidate for surgery due to need for general anaesthesia also other treatment options were considered but then decided that they were not appropriate for her, and needed to talk about palliative care with daughter. Pt was stressing on any other treatment and second opinion, I told for this we can plan another meeting for second opinion as well, to discuss any treatment option other than palliative care with consultation.***	**BBN + Palliative management**
17	Breaking bad news to daughter about mother who likely hv colon ca with liver mets. Daughter is angry as she thinks that her family doctor has delayed the dx since her mom has been seeing him few sessions but still didnt manage to dx cancer. Concern can she bring back her mother home	
18	Medical error procedure was done on other patient	

STATION 2: HISTORY TAKING LIST DIET 02/2023

1	history 35 back pain osteoporosis due to	Coeliac Premature ovarian Failure (If period Stopped)
2	Type 1 DM + dizzy spells, *wt loss*	APS Type 2 Addison's
3	Postpartum hyperthyroidism	1. Postpartum thyroiditis 2. Anaemia
4	*50 year old lady presenting with Malaise.* Pt is on omeprazole for last 2 months for GERD *Blood shows eosinophilia 4.0(0.04-0.4), eGFr:48, creatinine 128* *bp was normal, Urinalysis: protein++, leucocyte++, rbc+* *Take history and address concerns*	1. AIN 2. Vasculitis: IgA Nephropathy, HSP
5	Known case of RA on methotrexate, recently biological therapy e breathing difficulty n productive cough for 3 days	1. Infection: TB, Pneumonia 2. ILD (MTX induced/RA complication) 3. PE
6	Palpitation, dizziness, post covid with exertion family history of cardiac disease	1. Post COVID syndrome 2. SAT 3. HOCM
7	palpitation in young male has family history of cardiac disease	1.
8	37 years old male k/c of BA since child hood and has hay fever symptom deteriorated over last 3 month work in factory as **painters.**... Last 3month symptom get worse. take steroid not complaint...Occupational asthma Smoker also ?GERD	Occupational Asthma GERD Acute exacerbation of Asthma
9	young patient , right side chest pain with food and at night , recent uncontrolled BP, FH of heart disease **OR** *40 years old male with Right sided chest pain ....6 weeks* *Off and on , 4 to 5 times a day burning in character and relieving with rest* *BP 159/90, **Fx sudden death of brother** at age of 40* *Job **heavy manual work***	GERD Angina MSK HOCM
10	*St2 26 years old* *DM1 ~~with hypoglycaemia episodes,~~ ?dizziness/ lightheadness* *Well educated and learned about insulin* F/H of Hypothyroidism	Addison APS2 Diabetic autonomic neuropathy
11	Anemia/Raised ESR/muscles aches	D/D: PMR Inflammatory myopathy Drug induced
12	Vasovagal syncope - workup, dd, counselling **- i missed to address driving rest was fine**	
13	Prolactinoma	
14	*Station 2: gouty attacks and nsaids some times and chronic ischemic heart disease and also on aspirin and betablockrrs and statins and ibd ulcerative colitis azathioprine..* *In spite of recurrent attacks don't allow allopurinol becoz of interaction with azathioprine* *..which is good for acute flare: if no kidney problem or no mi try colchicine if not try intra articular steroids* *and try other and talk to rheumatologist and about aspirin to cardiologist* *Examiners asked: when u refer to rheumatology in case of gouty arthritis*	Acute exacerbation of Gout Enteropathic arthritis Not: allopurinol Rx. Febuxostatl

15	*Station-2 Dizziness & palpitation 2 weeks , just differential* *Or* palpitation in young male has family history of cardiac disease	
17	*30 yrs lady palpitation* *Dd: HOCM, Sertraline induced LQTS, Tea/coffee or Palpitations* *Sertraline, coffee intake, sudden death in family* *Long qt* *Hocm* *Coffee intake*	HOCM, Sertraline induced LQTS, GAD Tea/coffe
18	*SOB weight loss and reduce effort tolerance, 60 years old man - lung Ca*	1. Chronic Heart failure 2. Lung cancer(ask cough) 3.
20	*young female+altered bowel habit+GP gave mebevarine but no improvement+Stress in life, no other positive history, gave dd of IBS/IBD* **Wheez, & Flashing present, sleep disturbance*	1. IBD fecal fat, Fecal calprotectin, 2. Carcinoid 5HIAA, PLASMA CHROMAgranin 3. IBS (less likely) Amylase, lipase
21	*polyuria with hypercalcemia, men2a*	1. Hyperparathyroidism 2. Primary bone cancer 3. Secondary Bone cancer (MM) 4. Sarcoidosis 5. Drug: Thiazide, 6. MEN1, MEN2A
22	*History: 28/M with long lasting palpitations and one syncopal episode*	1. HOCM 2. LQT 3. GAD 4. Coffee
23	*collapse at gym* *or* *multiple collapse*	1. HOCM 2. Hypoglycemia 3. Stroke
24	*TIA*	4.

PONDICHERRY DIET 01/2023 ANALYSIS

CASE 1:

Station 2-63 old lady complaining of headache..more in the morning..
Past history of Stoke and weakness..
Viva on SOL.
CVS-MR
CNS Spastic paraparesis with normal sensation..viva on multiple sclerosis.
Station 4.,,Diabetic elderly patient age 80,having hearing issue ,secretary call for telephonic consultation.
Talk with daughter. Daughter tell ,no telephonic call was received.
She wants to take live consultation instead of telephonic one.
Station 5.
1.Bells pasly.
2.Vitiligo.
Station 1.
Chronic hemolytic anaemia.
COPD

CASE 2:

I am sharing my exam experience. I feel my exam was not good. I am just writing what i felt....

Apart from me, Other 4 candidates were from South India. They said, they got puzzled too..especially at Neuro station...
St1 :
Res : Emaciated elderly pt, percussion dull breath sound diminished, from rt 3rd ICS to downwards, same on back, trachea shifted to right...
I said mass lesion as lung malignancy... Regarding trachea i said i couldn't appreciate bronchial breath sound / any added sound , asked what would you thought? I said collapse/ fibrosis. then inv+mx
Abdomen : Shifting dullness positve + b/l leg edema
DCLD, intrabominal malignancy / infection... Inv+ mx

St: 45 yr old lady e sudden dizziness, spinning on neck movement, only once happened today morning, having high stressful job for 20 yrs, having anxiety + depression, drug only sertraline 50 mg for 1 yr, ..f/h/o-CVD. Her BP - 160/ 90 mmg....
I said, drug induced, Vertebrobasilar ischemia / TIA, cervical spondylosis.....regarding dd + Inv

St -3
CVS : your boy e AS+AR
Neurology : Difficulty in walking, examine the sensory system...
I found nothing on sensory system... examined upper then ...checked gait... Said Parkinsonism, said some dd....(in this station everyone was puzzled) don't know what they actually wanted.

St4:
End stage alcoholic liver disease e renal function deteriorating. Treating team doesn't think liver transplant would work now. Want to carry on with ongoing mx. No invasive procedures to be done. .councell regarding resuscitation mx + other concerns..
(Both british examiners, asked me in one question, do you practice that in India?. I said, i am from Bangladesh Mam, i have no idea what happens in India 😀, then they laughed)
BCC-1 Psoriasis (Surrogate was puzzling more than the pt!)
BCC-2 Parkinson's diseases e Cardiac problem - British examiner took this
(Surrogates are probably med students here., they are not properly trained up.. I had to ask 2-3 times for a particular thing....he doesn't know what is water work! The examiner came & told him to say me!.. Took lot of time there

CASE 3 :
St 1
Abd - hepatomegaly +jaundice (ascites +/-)
Respi - left sided pleural eff with lymphadenopathy
St 2 -
Known case of type 1 presented with recurrent vomiting
(I thought Addison ,latter turned out to be gastroparesis)
St 3 -
CVS : AVR
Neuro - brainstem stroke (?)
Instruction were examine the motor system
Upper motor neuron lesion in left plus cerebellum was there (
Multiple sclerosis/ brainstem stroke?)
St 4
Medical error (Mtx+ trimithoprim)
St 5
Bcc 1
K/C/O COPD
Now come with sob,cough with blood for 5 days
has H/O leg swelling 3 months back
I said pulmonary embolism,AC ex COPD, malignancy
Bcc2-
Psoriasis.

CASE 4:
Pondicherry 2nd day 3rd carousel
We were 4 candidates

Started with station 3 and couldn't diagnose CVS and that kind of affected my overall performance I think.
St-3: CVS-low volume pulse and couldn't hear anything apart from the 1st HS so said MS but examiners weren't happy.
(2 of us said MS and other 2 said systolic murmur)
Neuro: Bell's palsy (forgot to mention eye care in Rx)

St-4: MGUS (surrogate was repeating the same question again and again in a Tamil accent so wasn't sure whether she wasn't getting me or i wasn't getting her) In crossing they asked why NT-pro BNP was done which was mentioned in the scenario. I couldn't answer.

BCC-1 : vitiligo patient with h/o weightloss and recent worsening of rash. Told D/D leprosy but didn't examine anything for that. Examiner was very unhappy abt that.
BCC-2: young man with LBP. Told AS and seronegative DD. Couldn't finish all the examinations. Told I want to do Schober's test and examiner said do but I didn't because 2 min was remaining.

Station-1: Abdomen: Young boy e hepatosplenomegaly e jaundice e a horizontal scar mark extending from rt hypochondriac to almost left side. Told hereditary haemolytic anemia e possible open cholecystectomy. Crossing was on thalassemia.
Respi: ILD e clubbing (said IPF)
Crossing was on causes of ILD and investigations
Station-2: 47y man with peripheral sensory neuropathy for 4m. Takes 20units alcohol weekly, H/O unsafe casual contacts, h/o taking metronidazole 6m back and works in a metal company. Told DD HIV, alcohol. Examiner was unhappy for not exploring metal company job further.

Overall left a very unhappy set of examiners behind 😂 Better luck to me next time. And Good luck to everyone.

CASE 5:
St 4 covid with pneumonitis
St5 bells palsy, ??psoriasis
St1 hepatosplenomeghaly with jaundice and ascites
St2 fever, we loss, vomiting on background of lymphoprolifetive
Kidney transplant 10 urs back
St3 ?? MS
Spasticity with downswing planatar
Variable sensory loss

PONDICHERRY Diet 3 2022
CASE 1
AR ,
right hemiplegia in young man,
hepatosplenomegaly,
right upper lobe fibrosis,
history- occupational asthma and IHD ,
breathing bad news- ckd,
bcc- psoriasis arthropathy,
uncontrolled DM with retinopathy

CASE 2
History- occupational asthma
Respiratory- fibro cavity
Abdomen- spleenomegaly with jaundice
Cns- left hemiplegia
Cvs- AR others told bcz I couldn't identify
Bcc 1 psoriasis
Bcc 2 - diabetic retinopathy. Asked to do fundus

cASE 3:
3rd session today:
Respi: pleural effusion

Abdomen: tender hepatomegaly with jaundice
History: low back pain for 2 months in 61 years old lady after a trivial fall
Cardio: ??MS
Neuro: Bell's palsy
Communication: discharge planning and ensuring safety
BCC: vitiligo
& DVT

CASE 4:
Experience from Dr. Anurag
Copd
Speleen jaundice
PMR(st2)
MR
SP
EAA(st 4)
Bcc1- VITILIGO
Bcc2- TB/ BRONCHIECTASIS/ CA LUNG

CASE 5
st2 : Myelgia and tiredness post covid vaccination
PMR
statin induced Myositis
2. ST 3:
CVS: there was AF, lots of murmur both systolic and diastolic. I said involvment of both mitral and aortic valve. there was MR and MS. i said AR as well.
CVS:
spastic quadriparesis with intact sensation
st4:
Bird fanciers disease, explain dx, steroid plan, side effects explanation and convince him for switching job.
st5 :
BCC1 : vitiligo. with no other association with other autoimmune disease.
BCC2: Outside info was cough, hemoptysis, wt loss, fever. sat 96%.
inside cachectic pt with left upper fibrocavitary lesion. occupation farmer.
put ddx as lung ca, tb, aspeigillosis.
st1:
resp: Bronchiectasis (with left lung Predominantly involved)
abdomen: young boy with jaundice, pallor, abd scar, hepatosplenomegaly.
ddx: Cong Haemolytic anaemia
Chr inf
hematological malignancy

CASE 6:
Respi: COPD
Abdomen: Ascites
Cardio: systolic murmur in 2nd aortic area. Axilla radiation was there but very low. Apex beat is not shifted, low volume pulse, no neck radiation. pt came with palpitations. Gave D/D: AS, A. Sclerosis, HOCM. I think it was TR. The lady was asking about other valve pathology.

Neuro: left 6 and 7 nerve palsy
History: stroke/complex migraine
Station 4: delirium
Station 5: TB/ Ca lung
Papilloedema

CASE list: Pondicherry Diet 03/2022

Resp:

- COPD
- BRONCHIECTASIS(Left lung predominant)
- Upper lobe fibrosis(Rt)/
- Fibro cavitary
- Pleural effusion

Abdomen:

- Hepatosplenomegaly
- Splenomegaly with jaundice
- Tender hepatomegaly with jaundice
- Ascites

Cardio

- AR
- AS/A.sclerosis/HOCM
- MR,MS,AR,AF
- MR
- MS

Neuro

- Left 6+7 palsy
- Spastic quadriparesis
- Bell's palsy
- Left hemiplegia
- Right hemiplegia in young

BCC:

- Psoriatic arthropathy/Psoriasis
- Uncontrolled DM with retinopathy/Fundus korte boleche
- Vitiligo
- DVT
- TB/BRONCHIECTASIS/CA Lung/aspergillosis(cough,hemoptysis,96%,cachetic patient,left upper fibrocavitary lesion,farmer)
- Papilloedema

STATION 1 RESP. AND ABDOMEN	STATION 3 CARDIO AND NEURO	BCC1 AND BCC 2
PONDICHERRY DIET 01/2023		
Chronic hemolytic anaemia. COPD	MR Spastic paraparesis with normal sensation..viva on multiple sclerosis.	1.Bells pasly. 2.Vitiligo.
Res : Emaciated elderly pt, percussion dull breath sound diminished, from rt 3rd ICS to downwards, same on back, trachea shifted to right... I said mass lesion as lung malignancy... Regarding trachea i said i couldn't appreciate bronchial breath sound / any added sound , asked what would you thought? I said collapse/ fibrosis. then inv+mx Abdomen : Shifting dullness positve + b/l leg edema DCLD, intrabominal malignancy / infection... Inv+ mx	your boy e AS+AR Difficulty in walking, examine the sensory system... I found nothing on sensory system... examined upper then ...checked gait... Said Parkinsonism, said some dd....(in this station everyone was puzzled) don't know what they actually wanted.	BCC-1 Psoriasis (Surrogate was puzzling more than the pt!) BCC-2 Parkinson's diseases e Cardiac problem - British examiner took this
Abd - hepatomegaly +jaundice (ascites +/-) Respi - left sided pleural eff with lymphadenopathy	CVS : AVR Neuro - brainstem stroke (?) Instruction were examine the motor system Upper motor neuron lesion in left plus cerebellum was there (Multiple sclerosis/ brainstem stroke?)	Bcc 1 K/C/O COPD Now come with sob,cough with blood for 5 days has H/O leg swelling 3 months back I said pulmonary embolism,AC ex COPD, malignancy Bcc2- Psoriasis.
Abdomen: Young boy e hepatosplenomegaly e jaundice e a horizontal scar mark extending from rt hypochondriac to almost left side. Told hereditary haemolytic anemia e possible open cholecystectomy. Crossing was on thalassemia. Respi: ILD e clubbing (said IPF) Crossing was on causes of ILD and investigations	St-3: CVS-low volume pulse and couldn't hear anything apart from the 1st HS so said MS but examiners weren't happy. (2 of us said MS and other 2 said systolic murmur) Neuro: Bell's palsy (forgot to mention eye care in Rx)	BCC-1 : vitiligo patient with h/o weightloss and recent worsening of rash. Told D/D leprosy but didn't examine anything for that. Examiner was very unhappy abt that. BCC-2: young man with LBP. Told AS and seronegative DD. Couldn't finish all the examinations. Told I want to do Schober's test and examiner said do but I didn't because 2 min was remaining.
hepatosplenomeghaly with jaundice and ascites	St3 ?? MS Spasticity with downswing planatar Variable sensory loss	St5 bells palsy, ??psoriasis
PONDICHERRY DIET 03/2022		
Cns- left hemiplegia Cvs- AR others told bcz I couldn't identify	Respiratory- fibro cavity Abdomen- spleenomegaly with jaundice	Bcc 1 psoriasis Bcc 2 - diabetic retinopathy. Asked to do fundus
AR , right hemiplegia in young man,	hepatosplenomegaly, right upper lobe fibrosis,	bcc- psoriasis arthropathy, uncontrolled DM with retinopathy
Cardio: ??MS Neuro: Bell's palsy	Respi: pleural effusion Abdomen: tender hepatomegaly with jaundice	BCC: vitiligo & DVT

MR SP CVS: there was AF, lots of murmur both systolic and diastolic. I said involvment of both mitral and aortic valve. there was MR and MS. i said AR as well. CVS: spastic quadriparesis with intact sensation	Copd Speleen jaundice resp: Bronchiectasis (with left lung Predominantly involved) abdomen: young boy with jaundice, pallor, abd scar, hepatosplenomegaly. ddx: Cong Haemolytic anaemia Chr inf hematological malignancy	Bcc1- VITILIGO Bcc2- TB/ BRONCHIECTASIS/ CA LUNG BCC1 : vitiligo. with no other association with other autoimmune disease. BCC2: Outside info was cough, hemoptysis, wt loss, fever. sat 96%. inside cachectic pt with left upper fibrocavitary lesion. occupation farmer. put ddx as lung ca, tb, aspeigillosis.
Cardio: systolic murmur in 2nd aortic area. Axilla radiation was there but very low. Apex beat is not shifted, low volume pulse, no neck radiation. pt came with palpitations. Gave D/D: AS, A. Sclerosis, HOCM. I think it was TR. The lady was asking about other valve pathology. Neuro: left 6 and 7 nerve palsy Miller Gublar Syndrome	**Respi: COPD** Abdomen: Ascites	TB/ Ca lung Papilloedema

COMMON CASE LIST:

♦Abdomen cases(station1)

1. Haemolytic anaemia/Thalassemia
2. Splenomegaly (MF/CML)
3. CLD/Hepatomegaly
4. Ascites
5. Liver transplant

♦Renal cases

1. Renal transplant single or double
2. Renal mass= ADPKD
3. Renal transplant+ADPKD
4. ESRD with Fistula

♦Common Respiratory cases in paces:(Station 1)

1. Bronchiectasis
2. COPD/Asthma
3. ILD
4. Pleural effusion/ Dull lung base
5. Post TB fibrosis/ Bronchiectasis/ Collapse
6. Lobectomy/Pneumonectomy

♦Station 3:

CVS

1. Scar=AVR/MVR/DVR
2. AS/AS+AR
3. MR/TR/VSD
4. ASD/PS
5. MS
6. Marfan syndrome

♦Neurology(Station 3)

Cranial nerve

1. LMN Facial nerve palsy(Parotid gland Scar/Scar behind ear)
2. Bilateral ptosis with ophthalmoplegia=MG
3. Unilateral ptosis
4.CP angle Tumor=6/7/8CN

Spot cases

1. Cerebellar syndrome
2. Parkinson disease
3. Myotonic dystrophy
4. Myasthenia gravis

Lower limb

1.Spastic paraparesis+ cerebellar / dorsal column/PN
2. Spastic paraparesis
3. Flaccid paraparesis.
4. Hemiplegia
5. Peripheral neuropathy(motor/sensory/Mixed)

Others:(neuro case in paces)

1.MND
2. Cervical myelopathy
3.FSHD